

On April 17, 2001, The Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities submitted *Kentucky's Plan: From Dreams to Realities for Quality and Choice for all Individuals with Intellectual and Other Developmental Disabilities (I/DD)*. The development of a comprehensive 10 year plan enabled individuals with I/DD to receive supports in the most integrated setting appropriate to their needs. Last year's Annual Report to the Governor and General Assembly provided a summary of the Commission's efforts towards accomplishing their recommendations and strategies in the 10 year plan.

Beginning in the winter of 2009, the Commission continued to build on past accomplishments, utilizing best practices to focus on the following four priorities:

- Workforce Development (Direct Support Professionals (DSPs) training, competency and compensation
- Waiver Services/Supports for Community Living (SCL) Waiver Re-Write (Data from the National Core Indicators and Best Practices are being used to drive changes the Division of Developmental and Intellectual Disability is suggesting to the Department of Medicaid Services in regard to the SCL Re-Write).
- Improvement of Community Awareness
- Commissioner's Initiatives/Department for Behavioral Health Intellectual and Developmental Disabilities (DBHIDD) Initiatives

After the priorities were established, the Commission began the task of refining each area by developing measurable outcomes and strategies and arranging them into short and long term goals. Being mindful of the Commonwealth of Kentucky's revenue shortfall, the Commission decided to institute a fluid, flexible, and continuously evolving plan that will promote services and supports for people with intellectual and developmental disabilities.

The following are the Commission's Short Term Initiatives (1-3 years):

- Utilize the Supports Intensity Scale (SIS) as the method to evaluate needs of the individual as well as to develop individualized budget for supports based on assessed needs.
- Streamline and reduce administrative burden
- Commission members will actively engage in the development of the SCL waiver re-write
- Evaluate the value/impact of independent case management
- Determine the relationship between case management and support brokerage for I/DD supports
- Establish mechanism to expand "Provider Profiles" to assist individuals and their families in making good choices about supports and services delivery
- Develop and implement a central point of contact both statewide and regional to be a source of information and referral
- An emphasis on DSP certification using all existing resources including Support Professional Employees Association of Kentucky (SPEAK)

- Expansion of SPEAK for DSP recruiting/retention and mentoring Support policy changes that affect wage and benefits
- Explore customized/self employment options that will lead to a career path
- Examine how postsecondary education inclusion programs will provide additional choices for employment
- Develop and support a workforce for all aspects of the system of care in Kentucky
 - Define the term “workforce” as it relates to the field of I/DD
 - Increase access to high quality training and lifelong learning (The College of Direct Support Professionals is presently in the implementation stage)
 - Improve partnership with the community including universities and other entities that teach and provide service to families and individuals with intellectual disabilities
 - Hire staff across disciplines who meet core competencies in their applicable field
 - Recognize the benefits of cultural diversity in the workplace and develop strategies for recruitment
 - Support the implementation of national standards and credentialing programs in the areas of I/DD
 - Develop cross-sector partnerships to create a unified and mutual understanding about the workforce
- Address the needs of the Direct Support Professional Workforce
 - Develop recruitment strategies for DSPs in agency and consumer-directed situations
 - Identify a screening/assessment tool that identifies candidates with core personality traits that lead to a successful career
 - Foster and develop peer mentoring and orientation and provide a realistic job preview
 - Explore a statewide wage and compensation package specifically for DSPs that are above “living wage” standards based on regional market and cost of living
 - Attempt to minimize the effects of the shortage of DSPs
 - Develop a career path for DSPs that provide opportunities for advancement, recognition by peers and supervisors, supportive management and supervision, a statewide professional association/coalition that will improve status, image and ongoing professional development
 - Strengthen partnerships between health and human services agencies and the public workforce system to increase recruitment of DSPs
 - Adopt DSPs Core Competencies across sectors
 - The Commonwealth of Kentucky will participate in federal programs that offer incentives, reimbursements or other options that allow opportunities for improvement and status of DSPs
 - Explore the creation of a health/medical organization of DSPs

- Explore the possibility of creating a health/medical management organization or fund for DSP position. Providers could “pool” their medical or health benefit dollars into a fund to provide medical insurance
- Support employers, families and individuals to find and keep good workers by offering recruitment, retention and training interventions

The following are the Commission’s Long Term Initiatives (5-10 years):

- Create a seamless system of supports providing behavior support personnel and services allowing people to be supported in their own homes
- Develop provider reimbursements based on the prevailing cost of services
- Evaluate making transportation part of an individual’s budget
- Community education and outreach must be a combined effort to create an awareness of need and available services
- Promote inclusion of citizens with disabilities to increase natural supports in the community and in the workplace
- Promote an increase in allocated dollars to human services programs to yield economic development on a local level
- Engage legislators in the Commission’s subcommittee work
- The Commission shall partner with BHDID when necessary to focus on specific issues
- The Commission will hold the Subcommittees and the Department accountable for development of legislation and policies to improve services for individuals
- Evaluate Quality Improvement Organization (QIP) to assist in quality improvement within system of care
- BHDDID will engage the Departments of Education and Transportation to develop partnerships for system improvement and to bring in more federal match programs
- Continue the development of Supported Education, Supported Employment and Supported Self-employment strategies
- People with disabilities and their families will have access to services and supports that meet their needs and expectations
 - Appropriate additional funding to serve individuals on the SCL waiting list
 - Provide training and information to providers to prevent crisis
 - Develop, increase and improve access to services and supports
 - The primary focus for public intermediate care facilities will shift to expand networks providing continuum of health care within the individual’s community
- Develop a service system projection to include the number of individuals who will need services and the provider base required to meet the demand
 - Utilize an open or ad hoc Commission position for someone from the education system for input and data
- Ensure adequate funding for a system of services and supports throughout the individual’s lifespan
- Identify improvements to current system and project future needs of the infrastructure

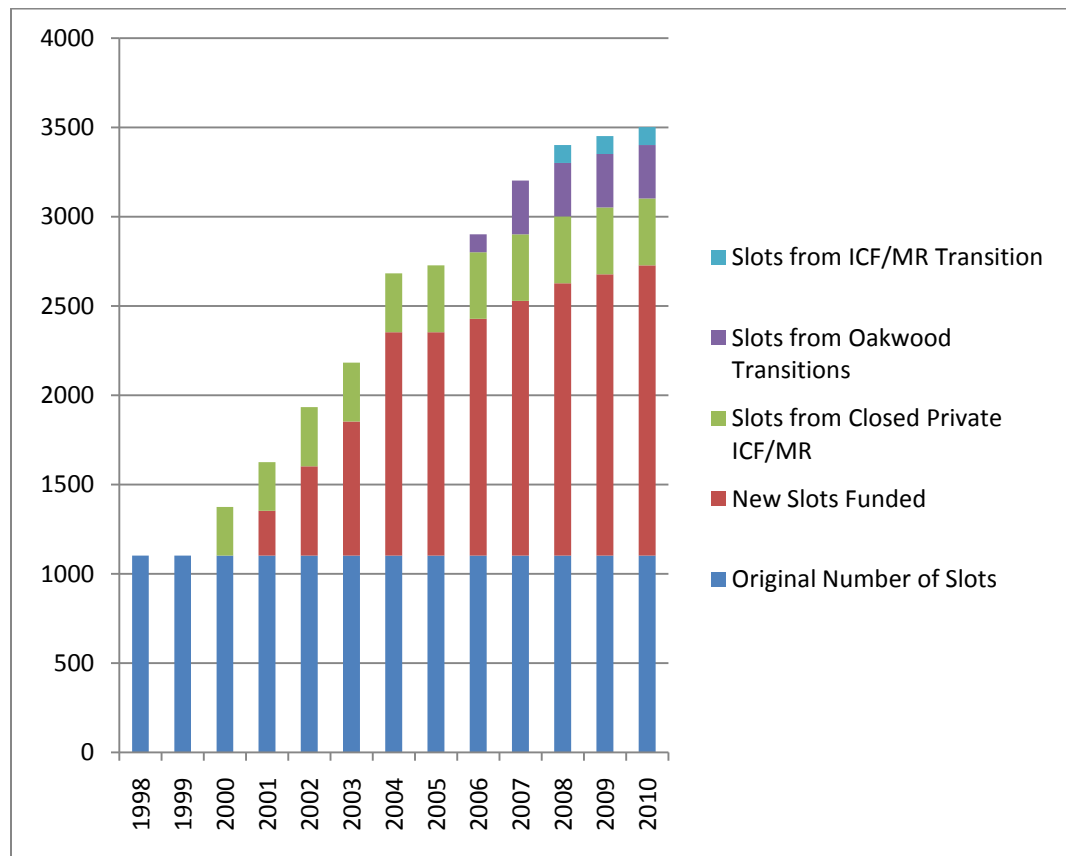
Furthermore, the Commission will continue to collaborate and support the Department of Public Health's (DPH) efforts to prevent intellectual and developmental disabilities.

The following is an update of the current status of programs providing supports to individuals with intellectual and/or developmental disabilities.

➤ **SCL Waiting List and Funding Allocations**

SCL Waiting List – August 15, 2010

Region	Active on Waiting list	# emergency	# urgent	# future/planning
1	120	0	10	110
2	93	0	12	81
3	211	0	31	180
4	168	0	16	152
5	168	0	26	142
6	673	0	102	571
7	228	0	27	201
8	4	0	1	3
10	38	0	5	33
11	28	0	5	23
12	27	0	8	19
13	73	0	15	58
14	99	0	25	74
15	297	0	45	252
Total	2227	0	328	1899

SCL Funding Allocations since 1998

➤ **Michelle P. Waiver** as of July 2010

Members meeting LOC without receiving services	796
Members receiving Blended Services including Consumer Directed Option	343
Members receiving Traditional Services	1414
Members receiving CDO only	868

Members currently in MPW < 18 YO	1244
Members currently in MPW > 18 YO	2050
Members currently in MPW = 18 YO	127

Total	3421
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➤ **Acquired Brain Injury Waivers (ABI) Rehab Waiver and ABI Long Term Care Waiver**

The **ABI Rehab Waiver** is a community based program designed to provide intensive rehabilitation and training during a period of transition. It is not a life-long program. Eligible individuals must meet the patient status criteria for nursing facility services established in 907 KAR 1:022, including nursing facility services for brain injury, as well as Medicaid financial eligibility criteria. Funded services include: case management, personal care, respite care, companion services, adult day training, supported employment, behavior programming, counseling, occupational therapy, speech/language therapy, specialized medical equipment, environmental modifications, supervised residential care, and CDO services. Recent regulation changes effective July 1st, 2010 have changed the eligible age to 18 years of age and older, and has incorporated levels of supervised residential care to mirror the ABI Long Term Care

waiver. There are 200 unduplicated slots per waiver year. As of August 18, 2010, the current numbers for the ABI Waiver are:

Active	154
Allocated	17
Discharged	25
Waiting	140

The **ABI LTC Waiver** is for those persons diagnosed with ABI who have reached a plateau in their rehabilitation from brain injury and are in need of services and long-term supports. Eligible individuals must meet the patient status criteria for nursing facility services established in 907 KAR 1:022, including nursing facility services for brain injury, as well as Medicaid financial eligibility criteria. Services provided in the ABI Long Term Care Waiver are: Case Management, respite, adult day training, adult day health, supported employment, behavior programming, counseling, group counseling, speech therapy, occupational therapy, nursing supports, family training, physical therapy, supervised residential care, environmental home modifications, specialized medical equipment, and CDO services. There are 200 unduplicated slots per waiver year. As of August 18, 2010 the current numbers for the ABI LTC Waiver are:

Active	159
Allocated	38
Discharged this waiver year	0
Waiting	0

In addition, the number of people who reside in state **Intermediate Care Facilities for individuals with Mental Retardation/Developmental Disabilities** continues to decrease with the implementation of the Statewide Transition process:

ICF Average Annual Census FY07 through YTD FY11

Facility**	FY07	FY08	FY09	FY10	FY11YTD
Oakwood	239	227	205	173	149
Hazelwood*	168	167	162	161	161
Central State ICF	35	32	34	32	32
Outwood	68	65	63	59	56

*Hazelwood Center census includes the three 8-bed ICF community homes each maintain full census of 8.

**As part of the Settlement Agreement with the US Department of Justice, each of the state-owned ICFs are in the process of transforming into Centers of Excellence. These Centers will serve as a resource to individuals, families, and community providers and provide specialized supports and services that are not accessible in the community.

➤ **Money Follows the Person/Kentucky Transitions Through August 31, 2010**

TRANSITIONED	ELDERLY	PD	ABI	IDD	TOTALS
2008	1	3	1	0	5
2009	9	11	6	10	36
2010	15	7	12	35	69
TOTALS	25	21	19	45	110

INELIGIBLE	DECLINED	SCREENING PENDING	IN PROCESS	NONACTIVE	TOTAL
153	188	74	125	6	546

➤ **Consumer Directed Option (CDO)**

CDO per Waiver as of July 2010

- Home and Community Based Waiver (HCB) 3630
- Supports for Community Living Waiver (SCL) 101
- Acquired Brain Injury Waiver (ABI) 23
- Michele P. Waiver 1148
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CLOSING THOUGHTS

HB 144 was signed by the Governor on April 14, 2000. Ten years have passed since HB 144 created the Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities. Serving in an advisory capacity to the Governor and General Assembly concerning the needs of persons with Intellectual and Developmental Disabilities, the Members extend its gratitude to the Governor and General Assembly for their continued support of the Commission's work. We look forward to collaboratively achieving the short and long term goals. Future Annual Reports will chart the progress toward these goals and outline further initiatives recommended by the Commission.